ı	DITENT ADDI 10 1000								Application or Docket Number				
_	PATENT APPLICATION FEE DETERMINATION RECO Effective December 8, 2004								10/802409				
l	CLAIMS AS FILED - PART I								ENTITY		OTH	ER THAN	
ſ	TOTAL CLAIM	s	(Colum	(Column 1) (Co			1	TYPE		0	•	L ENTITY	
FOR			 				1	RATI	FEI		RATE	FEE	
L		NUMBE	NUMBER FILED NO		BER EXTRA		Basic fee		o	R BASIC FI	EE .		
۲		EABLE CLAIMS	1 1	minus 20= *		·		X\$ 25	=	01	X\$50=		
_	NOEPENDENT		minus 3 =				X100			X200-			
N	NULTIPLE DEPL	ENDENT CLAIM	PRESENT	RESENT				+180=		7		+	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2				OF	<u> </u>	<u> </u>	
		CLAIMS AS						TOTAL	·	OF		<u> </u>	
_	(Column 1) (Column 2) (Column 3)							SMALI	L ENTITY	OR		R THAN ENTITY	
4	3/1/2	/// REMAINING		HIGHE NUMB	PRESENT			ADDI	7		ADDI-		
Ē	11/06	AFTER AMENDMENT		PREVIO		EXTRU		RATE	TIONA FEE	4	RATE	TIONAL	
AMENDMENT	Total	. 14	Minus	- 2	0	-		X\$ 25=	7	OR	X\$50=	17	
Ĭ	Independent	1.2	Minus	- Lan (-		=/	ŀ	X100=	+/	┪┈	Your	-	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+/-		12008	1/-	
								+180=	<u> </u>	OR	+360≈	/	
	3/11	(Column 1)					A	TOTAL DOIT. FEE		OR	ADDIT, FEE		
<u> </u>	911	CLAIMS	T	(Column 2) (Column 3) HIGHEST					1 4000	-			
Ž	1/18/04	AFTER AMENDMENT		PREVIOU	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT B	Total	. 13	Minus	PAID FO		- /	. -		FEE	-		FEE	
	Independent	• .2)	Minus	*** 3		-/-	Ľ	X\$ 25=		OR	X\$50≈		
2	FIRST PRESE	NTATION OF MI	LTIPLE DE	PENDENT C	LAIM		L	X100=		OR	X200=		
				· · · · · · · · · · · · · · · · · · ·				+180=		OR	+360=		
							-40	TOTAL DIT. FEE	-	OR	TOTAL		
-		(Column 1)		(Column	2) .	(Column 3)	~~	UII. FEE		1 /	VDIT. FEE		
2		REMAINING		HIGHES NUMBEI	7	PRESENT	Г		ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIOUS PAID FO		EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total	•	Minus	**			人	\$ 25=	FEE		X\$50=	FEE	
	Independent		Minus	444			\vdash			OR			
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	100=		OR	X200=		
	The e ntry in colum	in 1 is less than the	antre la set-				•	180=		OR	+360=		
	the T-lighest Nurs the T-lighest Nurs	ADC	TOTAL HT. FEE		OR "	TOTAL DOTT, FEE							
-11	ha 'Highest Numi	or Previously Paid	For (Total or	ndependent) i	is the h	u, enter "3." Ighesi number f	ound	n the app	ropriete box	in calu	7011. FCE 1 2 701 1.		
_	PTO-675 (Rev. 10/	•									•	ł	